

## Fluoride Varnish for Your Child

Dear Parent/Guardian,

Wellington-Dufferin-Guelph Public Health will be offering free fluoride varnish treatments at your school to help protect your children from getting cavities in their teeth. By the time children in our community are in Grade 2, almost 50 percent have had cavities which could be prevented. We offer this treatment to all children in your school.

Please read the information about this treatment and call us at 1-800-265-7293 ext. 2661 if you have any questions.

If you would like your child to have this free treatment, please sign the Medical History and Consent Form on page 3 and return it to your child's teacher.

Sincerely,

**Rosalyn LaRoche**

Oral Health Team



# About Fluoride Varnish Treatment

## What is fluoride varnish?

Fluoride varnish is a protective coating that makes teeth stronger and prevents cavities. It is commonly applied to teeth by oral health professionals in both private dental offices and public health settings.

## What does it do?

Fluoride varnish sticks to the tooth for a few hours and is absorbed into the surface of the tooth. This re-mineralizes the tooth and helps reduce cavities.

## How is it put on the teeth?

A dental professional paints the fluoride varnish onto your child's teeth with a small disposable brush. Each brush is only used for one child. The process is quick, painless and easy.

## Why would I want my child to receive fluoride varnish?

- Fluoride varnish has been shown to be effective and safe in many studies and research reviews.
- When applied two to four times a year, fluoride varnish helps to reduce tooth decay in children.
- No common or serious side effects have been reported. Young children and youth are able to tolerate fluoride varnish very well.

## Who can have the varnish treatment?

All students at your school can receive fluoride varnish.

## What do I do if I have more than one child at this school who I want treated?

- Sign one Medical History and Consent Form for each of your children at school.
- Return the signed Medical History and Consent Form to each child's teacher.
- Additional copies of the Medical History and Consent Form are available at your child's school office or at [wdgpublichealth.ca/oral-health](http://wdgpublichealth.ca/oral-health).

## After the fluoride varnish treatment:

- The effectiveness of fluoride varnish will be improved if your child eats softer foods after the fluoride has been applied. Crunchy foods can remove the fluoride varnish before it is absorbed.
- Your child can resume brushing and flossing at bedtime on the day of the fluoride varnish treatment.
- Do not use fluoride supplements, rinses or gels for 2 days following fluoride varnish treatment.

## Missed fluoride varnish treatment:

If your child misses the fluoride varnish treatment at school because they were absent, ill, or refused treatment, they may still receive free fluoride varnish at the nearest Public Health office. Call our Dental Line at 1-800-265-7293 ext. 2661 to make an appointment.

## My child was absent for school screening:

If your child is absent when Public Health offers dental screening at their school, they can be screened at an upcoming fluoride varnish application at the school.

## Dental services at Public Health:

We offer free dental services for eligible children and youth age 17 and under. Your child may be eligible if the cost of care would be a financial hardship. Free dental services include preventive care such as teeth cleaning, fluoride application and education about how to achieve good dental health.

We can help eligible children access a dentist and receive preventive, routine and emergency treatment through the Healthy Smiles Ontario (HSO) program.

**For more information about dental services at Public Health or to book an appointment, please call our Dental Line:**

**1-800-265-7293 ext. 2661**



# Medical History and Consent Form: Fluoride Varnish Treatment

## Instructions for Parent/Guardian

1. Read the attached information about the Fluoride Varnish Treatment.
2. Remove and complete the consent form.
3. Return the signed consent form to your child's teacher.

## 1. Student Information

Last Name		First Name		Gender
Address		City, Province	Postal Code	
Birthdate (yyyy/mm/dd)	School		Teacher	Grade
Parent/Guardian Name		Home Phone	Work or Cell Phone	

## 2. Please answer the following medical history questions:

YES NO

- a) Is your child seeing a doctor for any serious illness or medical condition?  YES  NO If yes, please explain:
- b) Does your child have a known allergy to postage stamp glue (colophony), pine nuts, or xylitol?  YES  NO If yes, we will contact you about another treatment at your nearest Public Health office.
- c) Does your child have any other known allergies?  YES  NO If yes, please list:
- d) Does your child have asthma diagnosed by a physician?  YES  NO If they require a puffer/inhaler, is it for:  
 Colds  Exercise  Other: \_\_\_\_\_
- Do they require a puffer/inhaler daily?  YES  NO **Your child must have his/her asthma medication, including their puffer/inhaler at school for the fluoride varnish treatment.**

Note: If your child requires any other special considerations or if you have any questions about the fluoride varnish treatment, please call Wellington-Dufferin-Guelph Public Health at 1-800-265-7293 ext. 2661.

## 3. Consent

**Yes, I consent to my child receiving the fluoride varnish treatment.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (YYYY/MM/DD)

For office use only:

\_\_\_\_\_  
CDAll Initials

\_\_\_\_\_  
RDH Initials

CDAll and RDH have both reviewed the Medical History and Consent Form.

By signing, I am indicating to Wellington-Dufferin-Guelph Public Health that I am a parent/guardian/student with legal authority to consent to this fluoride varnish treatment on behalf of the child/myself.

The information on this form is collected under the authority of the Health Protection and Promotion Act in accordance with the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. This information will be used for the delivery of public health programs and services; the administration of the agency; and the maintenance of healthcare databases, registries and related research, in compliance with legal and regulatory requirements. Any questions about the collection of this information should be addressed to the Chief Privacy Officer at 1-800-265-7293.

Detach here and return to school.

For Oral Health Services Staff Use Only

5% NaF Varnish Application History					
Date of Application	Brand	Flavour	Lot #	Expiry	Signature
	Voco	<input type="checkbox"/> Bubblegum <input type="checkbox"/> Melon <input type="checkbox"/> Mint		<input type="checkbox"/> Jan <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December Year: _____	

NOTES	
Date & Time	Comments